

RECEIPT # _____

2006
TROY RECREATION DEPARTMENT
SWIM PROGRAMS
MONDAY THRU THURSDAY

Participant's Name _____ Male/Female
Address _____ Phone _____
(street) (city) (zip)
Birthdate _____ Age _____
Allergic to any medication? _____
Doctor's Name _____ Phone _____
Emergency call _____ Phone _____
(neighbor or relative)
Parent's Name _____
E-Mail Address _____

| | | |
|--|---|---|
| <input type="checkbox"/> Parent & Tot Swim (6 mos.-3 yrs.) (Limit of 15 Couples) 10:30-11:00 a.m. | <input type="checkbox"/> 4 Yr. Old Swim (Class Limit of 10) 10:30-11:00 a.m. | <input type="checkbox"/> 5 Yr. Old Swim (Class Limit of 10) 10:30-11:00 a.m. |
|--|---|---|

| | | |
|-------------------|------------------|---|
| _____ Session I | June 5-June 15 | (Deadline to register is June 1, 2006) |
| _____ Session II | June 19-June 29 | (Deadline to register is June 15, 2006) |
| _____ Session III | July 10-July 20 | (Deadline to register is July 6, 2006) |
| _____ Session IV | July 24-August 3 | (Deadline to register is July 20, 2006) |

_____ **Youth Swim (Ages 6-17)**
(Class Limit of 30)

| | | |
|-------------------|------------------|---|
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| _____ Session II | June 19-June 29 | (Deadline to register is June 15, 2006) |
| _____ Session III | July 10-July 20 | (Deadline to register is July 6, 2006) |
| _____ Session IV | July 24-August 3 | (Deadline to register is July 20, 2006) |

_____ 8:30 a.m. _____ 9:10 a.m. _____ 9:50 a.m. (Please select a time for your lesson)

NOTE: Participants will be grouped with their appropriate skill level after the first day of class. Participant registers for session and time that best suits your schedule.

REGISTRATION FEE: \$17.00 PER SESSION _____ **PAID**

WAIVER AND RELEASE

We, the undersigned being fully aware of the dangers inherent to the sport of swimming, do give permission for our son/daughter to participate in the Youth Swim Lessons. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the swim program.

Date _____ Signature _____
(parent or legal guardian)

REFUND POLICY: The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.